## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 4

## Secretary of State ANNUAL REPORT **DOCUMENT # P05000027524** 03-08-2006 90170 032 \*\*\*158.75 1. Entity Name TWIN PALMS MORTGAGE, INC. Principal Place of Business Mailing Address 40026443 1345 CREEK STREET 1345 CREEK STREET WEBSTER, NY 14580 WEBSTER, NY 14580 2. Principal Place of Business 3. Mailing Address 3821 ROAG 3412 CL ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. 01242006 CR2E034 (11/05) Chg-P ろいてE 4. FEI Number 20 - 2 Applied For City & State City & State 399746 SOTA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPDIRECT AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 515 E. PARK AVE. TALLAHASSEE, FL 32301 938 BRAVURA LAKE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. MARGARET L. KENNEW 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE KENNEDY, MARGARET 2938 BRAVURA LAKE NAME KENNEDY, MARGARET L NAME 1345 CREEK STREET STREET ADDRESS STREET ADDRESS WEBSTER, NY 14580 CITY-ST-ZIP CITY-ST-ZIP ARASOTA, FL ☐ Change TITLE ■ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Chance ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED Mar 08, 2006 8:00 am